

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA

PROOF OF CLAIM

Debtor against which claim is asserted : (Check only one box below:)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Circuit City Stores, Inc. (Case No. 08-35653) | <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Case No. 08-35659) | <input type="checkbox"/> Abbott Advertising, Inc. (Case No. 08-35665) |
| <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Case No. 08-35654) | <input type="checkbox"/> Circuit City Stores PR, LLC (Case No. 08-35660) | <input type="checkbox"/> Mayland MN, LLC (Case No. 08-35666) |
| <input type="checkbox"/> InterTAN, Inc. (Case No. 08-35655) | <input type="checkbox"/> Circuit City Properties, LLC (Case No. 08-35661) | <input type="checkbox"/> Patapsco Designs, Inc. (Case No. 08-35667) |
| <input type="checkbox"/> Ventoux International, Inc. (Case No. 08-35656) | <input type="checkbox"/> Orbyx Electronics, LLC (Case No. 08-35662) | <input type="checkbox"/> Sky Venture Corporation (Case No. 08-35668) |
| <input type="checkbox"/> Circuit City Purchasing Company, LLC (Case No. 08-35657) | <input type="checkbox"/> Kinzer Technology, LLC (Case No. 08-35663) | <input type="checkbox"/> XSStuff, LLC (Case No. 08-35669) |
| <input type="checkbox"/> CC Aviation, LLC (Case No. 08-35658) | <input type="checkbox"/> Courchevel, LLC (Case No. 08-35664) | <input type="checkbox"/> PRAHS, INC. (Case No. 08-35670) |

NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Belkin International Inc.

Name and address where notices should be sent:

Belkin Int'l Inc
501 West Walnut Street
Compton, CA 90220-5221

Telephone number: 310-604-2204

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

Same

Telephone number: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed:

\$ 2,305,884.73

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim:

Goods Sold

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor:

3534

3a. Debtor may have scheduled account as:

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Amount entitled to priority:

\$ _____

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

FOR COURT USE ONLY

Date:

2/25/09

Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Johnnie Beach

**PROOF OF CLAIM RELATING TO INTERTAN CANADA LTD.
AND TOURMALET CORPORATION**
(hereinafter referred to as the "Applicants")

Please read the enclosed Instruction Letter carefully prior to completing this Proof of Claim.

A. PARTICULARS OF CLAIMANT:

1. Full Legal Name of Claimant Belkin Int'l Inc. (the "Claimant").

(Full legal name should be the name of the original Claimant of the Applicants, regardless of whether an assignment of a Pre-Filing Claim, or a portion thereof, has occurred prior to or following November 10, 2008.)

2. Full Mailing Address of Claimant (the original Claimant, not the Assignee):

501 West Walnut Street
Compton, CA 90220

3. Telephone Number:

310. 604. 2204

Email Address:

johnnieb@belkin.com

Facsimile Number:

310. 604. 2186

Attention (Contact Person):

Johnnie Beach

4. Has the Claim been sold or assigned by the Claimant to another party? (*check one*)

Yes: ☐

No: ☒

B. PARTICULARS OF ASSIGNEE(S) (IF ANY):

1. Full Legal Name of Assignee(s):

—

(If a portion of the Pre-Filing Claim has been assigned, insert full legal name of assignee(s) of Claim. If there is more than one assignee, please attach a separate sheet with the required information.)

2. Full Mailing Address of the Assignee(s):

3. Telephone Number of Assignee(s):

Email Address of Assignee(s):

Facsimile Number of Assignee(s):

Attention (Contact Person):

C. PROOF OF CLAIM:

I. Belkin Int'l Inc (name of Claimant or Representative of Claimant),
of Compton, CA (City, Province) do hereby certify:

(a) that I *[check one]*

☐ am the Claimant of one or both of the Applicants; OR

☐ am _____ (position or title) of
_____ (name of Claimant)

(b) that I have knowledge of all of the circumstances connected with the Claim referred to below;

(c) the Claimant asserts its claim against:

InterTAN Canada Ltd.

☒

Tourmalet Corporation

☐

(d) The Applicant(s) was/were and still is/are indebted to the Claimant as follows:

(i) PRE-FILING CLAIM EXISTING AND ARISING ON OR
BEFORE NOVEMBER 10, 2008

\$ \$427,916.72 [insert \$ value of Claim]

CAD

(Note: Claims in a foreign currency are to be converted to Canadian Dollars at the Bank of Canada noon spot rate as of November 10, 2008. Exchange rate conversions on such date were US \$1 = CDN \$1.1942).

D. NATURE OF PRE-FILING CLAIM: *(check one and complete appropriate category)*

☒ A. UNSECURED CLAIM of \$ 427,916.72. That in respect of this debt, I do not hold any assets of the debtor as security and *(Check appropriate description)*

☐ Regarding the amount of \$ _____, I do not claim a right to priority.

☐ Regarding the amount of \$ _____, I claim a right to priority under section 136 of the *Bankruptcy and Insolvency Act* (Canada) (the "BIA") or would claim such a priority if this Proof of Claim was being filed in accordance with that Act.

(Set out on an attached sheet details to support priority claim.)

☐ B. SECURED CLAIM OF \$ _____. That in respect of this debt, I hold assets of the debtor valued at \$ _____ as security, particulars of which are as follows:

(Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents.)

E. PARTICULARS OF PRE-FILING CLAIM:

Other than as already set out herein, the particulars of the undersigned's total Pre-Filing Claim are attached.

(Provide all particulars of the Pre-Filing Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the Pre-Filing Claim, name of any guarantor which has guaranteed the Pre-Filing Claim, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by the affected Applicant to the Claimant and estimated value of such security).

F. FILING OF CLAIM:

This Proof of Claim must be received by the Monitor no later than 5:00 p.m. (Toronto time) on Monday March 16, 2009, by facsimile transmission, personal delivery, courier or prepaid mail at the following address:

InterTAN Canada Ltd. and/or
Tourmalet Corporation
c/o Alvarez & Marsal Canada ULC, Court-appointed Monitor
Royal Bank Plaza, South Tower
200 Bay Street, Suite 2000
P.O. Box 22
Toronto, ON M5J 2J1

Attention: Mr. Stephen Moore
Telephone: 416-847-5167
Facsimile: 416-847-5201

Failure to file your Proof of Claim as directed by 5:00 p.m. (Toronto time) on Monday March 16, 2009 will result in your Claim being barred and you will be prohibited from making or enforcing a Claim against the Applicants.

Dated at _____ this 25th day of Feb., 2009.

Per: _____ *[Name of Claimant]*